



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E453402**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	15-02072	
LOCAL AGENCY CODING		
TOTAL # OF UNITS	02	OBJECT STRUCK

TRIBAL RESERVATION	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	08	-	18	-	2015	1747	31				

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input checked="" type="checkbox"/>	NON-INTERSECTION <input type="checkbox"/>
VERNON	BLOCK NO. <input checked="" type="checkbox"/>	700
	MILE POST	

DISTANCE		MILES	N	E	OF (REFERENCE OR CROSS STREET)
			S	W	STATE ROUTE 204

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 2063726021
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LAST NAME	DE CAMPOS PEDRO	FIRST NAME	ALZIRA	MIDDLE INITIAL	R
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STREET NEW ADDRESS	9332 NE SOUTH BEACH DR
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CITY	BAINBRIDGE ISLAND	ST	WA	ZIP	981102396
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	DECAMAR121B9	STATE	WA	SEX	F	D.O.B. MMDDYYYY	01	-	29	-	1988
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	027ZUZ	STATE	WA	VIN#	3VWSE69M32M067630
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2002	MAKE	VOLK	MODEL	JET4D	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. **ERIC BOL 2325 88TH DR NE LAKE STEVENS WA 98258**

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # USAA 02357 98 77R	
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 3606912761
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LAST NAME	WILSON	FIRST NAME	MERLIN	MIDDLE INITIAL	H
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STREET NEW ADDRESS	7110 137TH DR NE
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CITY	LAKE STEVENS	ST	WA	ZIP	982589000
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CDL	RESTRICTIONS	B	ENDORSEMENTS
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DRIVER'S LICENSE #	WILSOMH536MM	STATE	WA	SEX	M	D.O.B. MMDDYYYY	07	-	14	-	1947
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	GUB632	STATE	AK	VIN#	5B4LP57G153395553
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2005	MAKE	FTWD	MODEL	MOTORH	STYLE		VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY # SAFECO H1686466	
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	CHAD CHRISTENSEN	BADGE OR ID #	075	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E453402**

CASE # **15-02072**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		WILSON RUTH L															
ADDRESS & PHONE # 7110 137TH DR NE LAKE STEVENS WA 982589000												SEX F	D.O.B. MMDDYYYY 07	-	16	-	1944
PASSENGER <input checked="" type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																	
ADDRESS & PHONE #												SEX	D.O.B. MMDDYYYY	-		-	
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)																	
ADDRESS & PHONE #												SEX	D.O.B. MMDDYYYY	-		-	
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

Unit 2 was making a wide right turn from Vernon Rd onto northbound SR 9. Unit 1 did not know Unit 2 was making a wide and came along the passenger side of Unit 2 as it made its turn. Unit 2 then contacted Unit 1 at the driver's side front fender as Unit 2 moved forward to turn right. Unit 1 vehicle was using the shoulder of the roadway to try to complete its turn to also go northbound on SR 9.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

CHAD CHRISTENSEN

08-19-15 03:10 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

BOB SUMMERS 079

8/19/2015 3:06:18 PM

BADGE OR ID # **075**

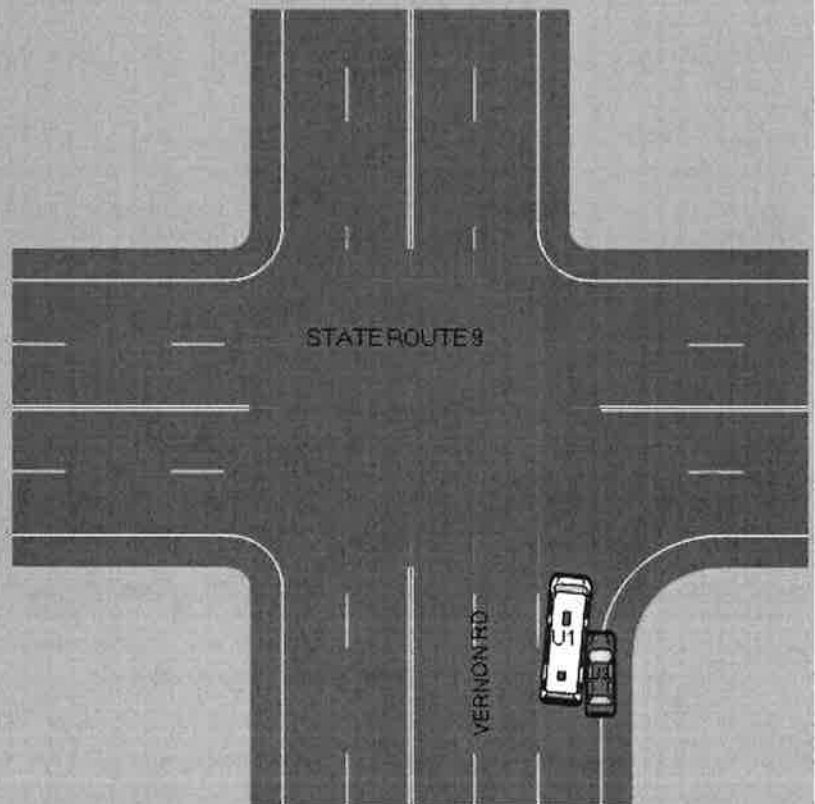
ORI # **WA0311900**

TIME POLICE DISPATCHED **5:48 PM**

TIME POLICE ARRIVED **5:51 PM**



DRAWING IS NOT TO SCALE



LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-02072

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) DE CAMPOS DEBRO, ALZIRA RAQUEL	RACE	ETH	SEX F	DOB 01/29/88	AGE 27	HGT 5'9"	WGT 159	HAIR B	EYES B
STREET ADDRESS 2325 28TH DR NE		CITY LAKE STEVENS		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE 206 372 6021		CELL PHONE 206 372 6021		PLACE OF EMPLOYMENT TABLEAU SOFTWARE						
WORK PHONE		EMAIL ADDRESS araquelcamp@gmail.com								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was waiting to cross to the right on Highway A, when this big truck came to my side and smashed the left side of my car.

We were both waiting for the light to turn green. When the light turned green the truck turn to my side and got my left front wheel stuck under.

* the truck is FLEETWOOD RV

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE <i>Debra Campos</i>	DATE SIGNED 08/18/15	LOCATION SIGNED
OFFICER/NUMBER: <i>C. [Signature]</i>	DATE SIGNED 8/18/15	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

CASE NUMBER

15-02072

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Wilson, Merlin, Howard	RACE W	ETH. N	SEX M	DOB July 14/47	AGE	HGT	WGT 155	HAIR	EYES
STREET ADDRESS 7110 137 th DR N.E.		CITY Lake Stevens		STATE WA		ZIP 98258		RES. STATUS		
HOME PHONE 360-691-2761		CELL PHONE			PLACE OF EMPLOYMENT Retired					
WORK PHONE		EMAIL ADDRESS								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

We were turning right at SR 9 - SR 204 and a car with female driver pulled up between ditch on right side and our motorhome and ran into the motorhome. So we stopped immediately. Authority (police) came very quickly.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <i>[Signature]</i>	DATE SIGNED 8-18-15	LOCATION SIGNED
OFFICER/NUMBER: <i>[Signature]</i>	DATE SIGNED 8/19/15	LOCATION SIGNED <i>[Signature]</i>

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE 1 OF 1

Incident History for: #SS15016596

Case Numbers: \$SS15002072

Entered 08/18/15 17:47:34 BY SPCT05 SP0399

Dispatched 08/18/15 17:48:04 BY SPDP17 SP0274

Enroute 08/18/15 17:48:04

Onscene 08/18/15 17:51:56

Closed 08/18/15 18:41:22

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1518 Map Page: 397E-1 Group: SS1 Beat: WEST

Src: T

Loc: SR 204/SR 9 NE , LKS (V)

Loc Info:

Name: TANTIES, JESSICA

Addr: PASSERBY

Phone: 4253199770

/1747 (SP0399) ENTRY , AC, JO, NON INJ, BLKING, VW JETTA VS MOTORHOME

/1748 (SP0274) AGCADV , BOLO

/1748 DISPER 19D3 #SS132 KILROY, OFFICER (JOSH)

/1748 (SP0399) SUPP NO FURTHER INFORMATION

/1748 (SP0274) ASSTER 19N3 #SS75 CHRISTENSEN, OFCR (CHAD)

/1748 CLEAR 19D3

/1748 ASSTER 19S16 #SS112 WARBI, OFFICER (STEVE)

/1748 (SP0399) SUPP NAM: TANTIES, JESSICA,

ADR: PASSERBY,

PHO: 4253199770,

TXT: RP SAYS DRIVER OF VW GOT IMPATIENT AND TRIE

D PASSING THE MOTORHOME AS THE MOTORHOME WAS TUR

NING

/1751 (SP0274) ONSCNE 19N3

/1752 ONSCNE 19S16

/1755 (SP0401) SUPP

NAM: WILSON, MERLIN,

PHO: 9072094302,

TXT: O, PH2, COF 6, M STATING COL ACROSS FROM BU

RGER KING IN LKS, SAID HE SAW OFCR THEN RELEASED

THE LINE, MAPPING AT SR 204/SR9

/1759 (*****) REMINQ 19N3

/1759 (SP0274) REMINQ 19N3

/1759 (*****) REMINQ 19N3

/1759 (SP0274) REMINQ 19N3

/1800 REMINQ 19N3

/1802 ASNCAS 19N3

/1834 (SS112) \$PREMPT 19S16

/1841 (SP0331) CLEAR 19N3

/1841 CLOSE 19N3

D/H

LSPD
ORIGINAL